

BNSF RAILWAY COMPANY - BOXCAR LOADING/SAFETY CHECKLIST

| | | |
|-----------------|------------------|---|
| Origin Facility | Shipper | Shipping Date |
| Car Number | Order or B/L No. | Car Door for Loading L- Side <input type="checkbox"/> R- Side <input type="checkbox"/> |

| | | |
|---|----------------------------------|-------------------------|
| Type of Car: <input type="checkbox"/> Load Divider <input type="checkbox"/> Cushioned Box <input type="checkbox"/> Plain Box <input type="checkbox"/> Hi-Cube | Car Specs | Type of Product |
| Type of Load: <input type="checkbox"/> Slip Sheet <input type="checkbox"/> Palletized <input type="checkbox"/> Clamp Loaded <input type="checkbox"/> Bins | IL _____ IW _____ IH _____ | _____ _____ _____ |

SAFETY INSPECTION: Before loading, or opening the exterior or bulkhead doors of a railcar, perform the following inspection and check off OK or NOT OK for each item. Use a flashlight and stepladder for interior inspection. If any item is NOT OK, consult with your supervisor before continuing..

1. Exterior Door Inspection:

| | | | |
|-----------------|---|------------|---|
| Hangers | <input type="checkbox"/> OK <input type="checkbox"/> Not OK | Tracks | <input type="checkbox"/> OK <input type="checkbox"/> Not OK |
| Rollers Operate | <input type="checkbox"/> Yes <input type="checkbox"/> No | Door Stops | <input type="checkbox"/> OK <input type="checkbox"/> Not OK |

Comments: _____

2. Load Divider Door Inspection:

| | | | |
|------------------|---|-----------------------------|--|
| Hangers | <input type="checkbox"/> OK <input type="checkbox"/> Not OK | Locking Mechanism Operating | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Rollers & Tracks | <input type="checkbox"/> OK <input type="checkbox"/> Not OK | Doors Move Freely | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Comments: _____

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|---|--------------------------|--------------------------|------------|--------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|---|--|------------|-----------|-----------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|---|--------------------------|--------------------------|
| CAR CONDITION <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;"><u>Good</u></td> <td style="text-align: center;"><u>Bad</u></td> </tr> <tr> <td>Condition of Floor</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Condition of Walls</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Cleanliness</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | | <u>Good</u> | <u>Bad</u> | Condition of Floor | <input type="checkbox"/> | <input type="checkbox"/> | Condition of Walls | <input type="checkbox"/> | <input type="checkbox"/> | Cleanliness | <input type="checkbox"/> | <input type="checkbox"/> | CAR PREPARATION <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;"><u>Yes</u></td> <td style="text-align: center;"><u>No</u></td> </tr> <tr> <td>Floor Lined with Fiberboard</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Walls Lined with Fiberboard</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Car Swept</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Locking Holes in Floor Beltrail Cleaned</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | | <u>Yes</u> | <u>No</u> | Floor Lined with Fiberboard | <input type="checkbox"/> | <input type="checkbox"/> | Walls Lined with Fiberboard | <input type="checkbox"/> | <input type="checkbox"/> | Car Swept | <input type="checkbox"/> | <input type="checkbox"/> | Locking Holes in Floor Beltrail Cleaned | <input type="checkbox"/> | <input type="checkbox"/> |
| | <u>Good</u> | <u>Bad</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Condition of Floor | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Condition of Walls | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cleanliness | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <u>Yes</u> | <u>No</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Floor Lined with Fiberboard | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Walls Lined with Fiberboard | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Car Swept | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Locking Holes in Floor Beltrail Cleaned | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |

DUNNAGE USED

| | |
|--|---|
| Void Fillers: <u>No. Used</u> <u>Sized Used</u> "A" End _____ _____ "B" End _____ _____ Doorway _____ _____ | Doorway Protection Items _____ Air Bags: No. Used _____ Size _____ Bags Inflated to: _____ psi |
| Other Dunnage Used: <u>No. Used</u> <u>Plugs</u> Void Panels _____ _____ Other _____ _____ | |

| | | | | |
|--|--|--|--|--|
| UNIT LOAD: <input type="checkbox"/> Slip Sheets _____ <input type="checkbox"/> Pallets GMA _____ <input type="checkbox"/> Or Other _____ | <table style="width: 100%;"> <tr> <td style="width: 80%;"> Were all unit lips taped up Were double sheets used in doorway Were double sheets used between units double stacked Longitudinal pallet underhang filled – not filled – pallet overhang </td> <td style="width: 10%; text-align: center;"> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> </td> <td style="width: 10%; text-align: center;"> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> </td> </tr> </table> | Were all unit lips taped up Were double sheets used in doorway Were double sheets used between units double stacked Longitudinal pallet underhang filled – not filled – pallet overhang | Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> |
| Were all unit lips taped up Were double sheets used in doorway Were double sheets used between units double stacked Longitudinal pallet underhang filled – not filled – pallet overhang | Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> | | |

CAR EQUIPMENT

- Were all bulkheads locked in place and pins checked Yes No
- Reefer load unit running and temp set at: _____
- Fuel in tank Yes No Gallons: _____

| | | | |
|--|--------------------------|--------------------------|---|
| MISCELLANEOUS | Yes | No | Comments |
| 1. Was damaged product removed during loading | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Was manifest or Bill of Lading placed in car | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Were photos taken during loading including doorway view | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Seals applied L-Side _____ R-Side _____ | | | Barrier Seal <input type="checkbox"/> Yes <input type="checkbox"/> No |

PRODUCT ACCEPTABLE FOR SHIPMENT AND CAR LOADED PROPERLY

| | | | |
|------------------------------|-------------------|------------------------------|-------------------|
| Car Loader's Signature _____ | Date / Time _____ | Supervisor's Signature _____ | Date / Time _____ |
|------------------------------|-------------------|------------------------------|-------------------|